

IN
 GOOD
 HANDS

A FIRSTHAND ENCOUNTER
 WITH THE MYSTERY
 Of QIGONG

BY ELIZABETH ROWE

The orthopedic doctor picked up my left foot and examined it closely. The lump on top of the instep looked twice as big under his scrutiny as it had that morning. Without warning, he dropped my foot onto the table. It hit with a dull thud.

"Calcium deposit. Surgery," he said, with an economy of words that would have made Western Union proud. "Half an hour in the office and six weeks on crutches. A hundred dollars."

I swallowed hard. Not at the money or the surgery, but at the recovery time.

"Six weeks on crutches just for this?" I asked incredulously, pointing at the chicken's egg on my foot.

The doctor frowned, a thin array of lines appearing on his tanned forehead. He nodded and closed my folder, signaling that our therapeutic time together was over.

"You can schedule the surgery with the nurse on the way out," he said as he gave me a cool, dry handshake.

I left his office and the building weighing my options. Having recently taken a nursing position on an acute-care psychiatric unit, I knew that I wouldn't last long hobbling around the unit on crutches trying to keep up with my very mobile patients. I needed an alternative, but with all my nursing training my roots in traditional Western medicine ran deep.

The effective use of other healing methods, however, was not unknown to me. On a trip to China when I was eighteen, I was shown pictures of operating theaters in which heart surgery was conducted under the "anesthesia" of acupuncture.

While the procedure looked barbaric to me at the time, lopping off this lump on my foot without so much as a question as to why it had appeared seemed barbaric to me now.

Several months prior to the development of my calcium deposit, I had heard about a Chinese woman in Rochester, New York, who had treated several acquaintances of mine for ailments ranging from a weak back to asthma. I called her and set up an appointment. Once a week for the next eight weeks, I underwent a fifteen-minute therapy consisting of light touch at different points on my body, particularly my foot. The treatment—performed through my clothes—resembled acupuncture without the needles. By the last session, the lump was gone.

Thus was I introduced to qigong, another controversial healing phenomenon from the East making its way slowly to the West, bringing with it new challenges to the Western model of disease. Like acupuncture before it, qigong has been received with suspicion by many Western scientists and doctors. It's not hard to see why.

IN ORDER to understand qigong, one must first understand the Chinese concept of *qi*, and this is nearly impossible for those not raised speaking Chinese and living in that culture.

The word *qi* (pronounced "chee" and spelled "chi" in the Wade Giles system of translation) does not have a clear English equivalent, though it is often referred to as "vital force," "life energy," "universal force," or "unseen life force." Good health occurs when this energy is properly flowing through the body. In *The Web That Has No Weaver: Understanding Chinese Medicine*, author Ted J. Kaptchuk, O.M.D., suggests that *qi* can be thought of as "matter on the verge of becoming energy, or energy at the point of materializing. ... [Q]i is perceived functionally—by what it does." Such a definition, however, does little to satisfy the Western mind.

At one level, qigong is practiced as a yogalike discipline of breathing exercises and postures learned by individuals to improve their own balance of *qi*. In this way it resembles tai chi, and, like that graceful martial art, it is widely practiced throughout China and said to have a revitalizing effect. (It is believed to have originated in 2500 B.C. as a ritual dance performed to ward off muscle ailments and skin diseases.) More intriguing, however, are the qigong practitioners who have mastered their control of *qi* and report-

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Bonnie Kamin photos

QIGONG IN CHINA

TURNING ON TO THE 'HEALING FORCE.'

"I'm like a radio station putting out a signal, and patients are like radios," explains Ki Xin Guo, M.D., a traditional physician in the Qigong Research Department at Beijing's Xi Yuan Hospital. In these photographs, taken last year during a group treatment session in Beijing, Ki works with a patient suffering from ulcers in his esophagus. (Other patients' ailments ranged from sleep disorders to brain tumors.)

Ki would spend only a minute or so with each patient, moving from one to the next, seemingly in a trance. Before each patient, he would take a position similar to a martial arts stance, his arms extended and hands undulating, his body swaying as he shifted his weight from front foot to back. Then, as if directing energy through his outstretched arms, he would point his fingers in the general vicinity of acupuncture points on the body and lunge forward. He would never physically touch the patient. Directed toward an observer, the doctor's hand actions produced a feeling of disequilibrium and the distinct sensation of some energy force.

These brief sessions of so-called external qigong were complemented daily by early-morning qigong exercises performed outdoors by the patients themselves. "By practicing daily exercises," Ki explains, "they 'turn on' or become receptive to my healing force."

—Sally Swope

IN GOOD HANDS

(continued from page 67)

edly are able to use the vital energy at another, higher level. And this is where qigong smacks headlong into Western science.

These qigong masters, using powers that seem to rival telekinesis, reportedly are able to send the life force out of their bodies to heal others.

To the observer, they seem to be merely performing certain hand movements near their patients or perhaps gently touching them at key points on the body. But through this ancient practice the qigong masters have reportedly treated ailments ranging from cardiac

diseases to neurological disorders to cancer. In a 1986 article for *The New York Times*, reporter Edward A. Gargan described a qigong master's treatment of a paralyzed patient in Beijing:

"Slowly at first, as if plumping an invisible pillow, the doctor's hands explored the air before him. Gradually they began a silent minuet, turning, tumbling, twisting. Now, as if shaping a clump of clay, his hands pounded, then undulated across an invisible surface. On a table before him, the legs of a prone patient, his eyes closed, rose slowly, first one, then the other, as if in response to the doctor's motions. For fifteen minutes, like limbs of a string puppet, the patient's

arms and legs rose and fell as the doctor pushed and pulled at the air."

Though it differs dramatically in technique, qigong is based on the same principles of Chinese medicine that inform the practice of acupuncture. In each case the body is seen as a grid of channels, or meridians, in which the vital energy, or *qi*, flows. Along the meridians are points that can be manipulated to regulate the flowing *qi*, which in turn influences the functioning of the patient's major organ systems.

But whereas the acupuncturist uses needles at these points to influence the patient's flow of *qi*, the qigong masters say they rely upon only the powers of a united mind and body. "The *qi* is like body electricity," explains Honolulu qigong practitioner Lily Siou, author of *Ch'i Kung: The Art of Mastering the Unseen Life Force*. "I send energy and they receive it." Siou, in fact, says she can fill a room with *qi* and thereby affect two or three patients at a time.

Sonia Young, the qigong practitioner I visited in Rochester for my deformed foot, explains that she penetrates the body with *qi* and then "reads" the returning *qi* for information on how the patient's systems are functioning. In her fifteen- to thirty-minute treatments, Young uses her hands, particularly the fleshy portion at the base of the palm, to "impart the *qi* energy." During my sessions, I experienced a sensation similar to that of a small electric vibrator being applied to my skin; other clients said they felt similar sensations.

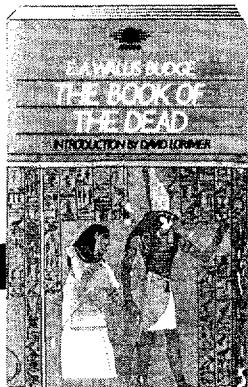
Like other alternative treatments, qigong is more effective on some disorders than others, Young says. And, despite the perceived antipathy between ancient and modern medical practices, Young is a proponent of Western medicine and sees the two complementing one another. "I am definitely not against Western medicine," she says. "You should take advantage of what it offers. Many times I say to clients, 'Take the phone right now and call your doctor.' Often, it is combining qigong with Western medicine that can give you the best care."

Others purporting to be qigong masters are less humble, however, and the problems for consumers trying to make sense of the field promise to get worse. The potential for fraud is particularly troublesome to those who take qigong seriously—both researchers and practitioners. "I am quite irritated with a lot of people in the so-called qigong field and other fields who indiscriminately say, 'I can cure that, yes,'" says Young. "It makes me mad. I don't believe them."

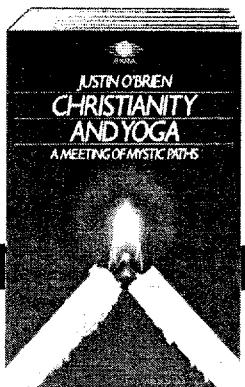
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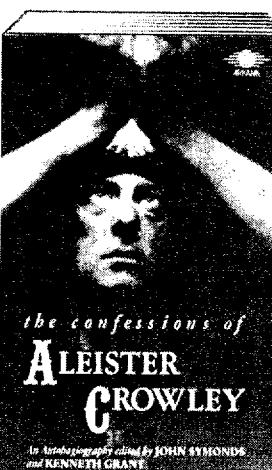
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AS INTRIGUING as qigong appears to be, research on the subject is just beginning in the West. In China, however, it has been under way for almost fifteen years. According to the *Beijing Review*, the country has at least eight magazines devoted to qigong research, as well as ten national qigong scientific research associations and many similar local groups. Through their experiments, the Chinese have found that qigong has applications beyond medicine, according to the *Review*: It has been used by athletes to loosen muscles, enhance circulation, and improve training; by students to improve concentration and memory; and by the military to improve combat ability.

As for the practice's health effects, a study by Yan Xuanzou, a professor at the Beijing College of Traditional Chinese Medicine, found that people who practiced internal qigong—visualization and breathing exercises—for forty minutes had increased levels of IGA (an immunoglobulin extracted from saliva) and lysozyme activity (lysozyme is an enzyme that destroys the cell walls of bacteria). These two indicators of immune system response did not change in the subjects who simply sat quietly or those who exercised without any meditative component.

Even the more elusive external qigong has been studied in China. One experiment by Feng Li Da, of the Beijing Immunology Research Center, found that a single qigong treatment—directed by a master at tissue cultures—could kill 30.7 percent of cervical cancer cells and 25 percent of stomach cancer cells. In a second study, mice macrophages—cells that destroy bacteria—were found to have a significant increase in bacteria-destroying activity after a ten-minute treatment by a qigong master.

Such studies, notes Daniel Brown, chief psychologist at the Cambridge Hospital in Cambridge, Massachusetts, "use the same methods we do to study the immune response: tissue cultures, animals, and humans. And, although these studies have problems with their methodology, as many scientific studies do, these had reasonable controls. They should be investigated further." Brown, one of a number of researchers working to set up qigong research exchange programs with China, soon may have a chance to do just that himself. "There are negotiations going on now, made more delicate by the events last summer in Beijing," he notes. "The nature of the research will be to try and learn how qigong affects physical and biological systems, using the best in technology and science."

One researcher who has been encouraging just such a cross-cultural exploration is David Eisenberg, a physician at Beth Israel Hospital in Boston and instructor in medicine at Harvard Medical School. Eisenberg was introduced to qigong in the late '70s while an exchange student at the Beijing College of Traditional Chinese Medicine, an experience he later wrote about in *Encounters With Qi: Exploring Chinese Medicine* [See *New Age Journal*, January/February 1987]. Not knowing whether what he witnessed in China were cleverly forged tricks or demonstrations of an astounding bodily force, Eisenberg urges the meticulous application of the scientific laws of inquiry to

the study of qigong. "If qi can be measured and harnessed using scientific methods," he noted in a recent speech to qigong researchers in Beijing, "then modern medical science will likely benefit from this merger of ancient and modern human talent."

Satisfying all the scientific skeptics, however, will prove difficult, particularly in light of the seemingly paranormal nature of qigong. And even those researchers sympathetic to the field seem to differ as to proper methodology for exploring it. Take, for example, a study recently presented at the American Association for the Advancement of Science and at the International Bioenergetics Medicine



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Conference by Kenneth Sancier, a physical chemist and senior researcher at SRI International in Menlo Park, California, and vice-president of the Qigong Institute, a division of the East-West Academy of Healing Arts, in San Francisco. Sancier's study—which examined the effects of qigong on body energy as measured by a muscle test—involved eight men and women and qigong practitioner Effie Chow, founder of the Academy.

Using a specially designed device hooked to a computer, the subject's arm muscle endurance was measured before and after the practitioner performed a qigong maneuver designed to either

strengthen or weaken the subject. With "very few exceptions," Sancier reports, the subjects demonstrated "statistically significant" increases in muscle endurance after the strengthening maneuver, and decreases in endurance after the weakening maneuver. Sancier claims the results provide evidence that the mind—in this case, that of the qigong master—can affect the body energy.

Sancier's study was blind—the subjects did not know the nature of the maneuvers nor the purpose of the test. But, for some observers, even those precautions are not enough. "A number of biases can affect results, and without a control group you can't say the results

have to do with qigong," contends Brown, of the Cambridge Hospital. "You must control for the expectation effect and the state of mind of the subjects and the qigong master, and select a random sample of subjects."

Such experimental rigor is all the more important given the field's potential, researchers say. With scientific validation, the practice could someday have applications as widespread as those of acupuncture—which today is used to treat everything from chronic pain to crack addiction. Notes Michael Maliszewski, director of the behavioral medicine department at the Diamond Headache Clinic in Chicago: "We're just

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QIGONG UNITED

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Though qigong therapy may seem far too esoteric to appeal to a mainstream Western public, a number of observers compare its present position to that of acupuncture fifteen years ago. The latter, once-dismissed healing art now has more than five thousand certified practitioners nationwide, and several insurance companies now reimburse patients for treatments. Research that would help establish a similar credibility for qigong has been slow in getting under way in the United States, but there is growing interest in studying the phenomenon.

"The current qigong research comes from a network of about twenty to thirty individuals within institutions nationwide, rather than a network of institutions supporting qigong research," explains William C. Gough, founder of the ten-year-old **Foundation for Mind-Being Research**, in Los Altos, California, which serves as one of the clearinghouses for qigong research. One group that has been actively promoting further US interest in qigong is the Washington-based **US-China**

scratching the surface."

AS IT TURNED OUT, Sonia Young's apparent treatment of my calcium deposit was far from unusual. Her other clients had similar success stories:

• In 1975, a woman I'll call Anne, a graduate student and mother of four, nearly died in a car accident. Her right ankle, two cervical vertebrae, pelvis, knees, and ribs were crushed; her trachea transected, her vocal cords severed, her spleen ruptured, her liver and right kidney damaged, and her right leg broken. According to Anne, the physicians who at first thought she wouldn't live later

told her she would probably not talk, walk, read, speak, or write again.

A seven-month hospital stay yielded significant gains, and Anne returned home to continue a long road to recovery.

But in 1984 she began to wrestle with chronic respiratory problems. Because of the fixed narrow opening of her trachea, the result of its being cut in two, fluid collected in Anne's lungs, inviting infection. She found herself more and more dependent on the antibiotics that were working less and less effectively.

"In spring 1987, I got very bad again," Anne says. "I couldn't even make it to the bathroom. That was when I called

someone I knew who had had half a lung removed and was seeing a woman for treatment."

That woman was Young, whom Anne saw three times a week for several weeks, then twice a week for about six months. Her lungs cleared up, and she stopped taking antibiotics.

• In 1988, writer-artist Katherine Denison went to see Young for one of her then infrequent visits to the qigong therapist.

"She stated a concern for weakness in my right side," says Denison, remembering the session. "I assumed it was muscular, but Sonia said it was the nerves. I

IN THE STATES

*acupuncture
'90s?*

Peoples Friendship Association, which led its first official qigong research exchange to China in 1983 and sent a public qigong study tour to China last March. This year the association plans to sponsor in China the first world conference on martial arts and qigong.

Also spreading the word about qigong is the newly established **Qigong Institute**, a division of the sixteen-year-old East-West Academy of Healing Arts, in San Francisco. The institute—which has presented papers on its qigong research before such prestigious groups as the American Association for the Advancement of Science—has scheduled trips to China to explore qigong research and practice, and plans to sponsor the US visits of several qigong masters.

—Sally Swope

For more information, contact the Foundation for Mind-Being Research, (415) 941-7462; the US-China Peoples Friendship Association, (202) 296-4147; or the Qigong Institute, East-West Academy of Healing Arts, 450 Sutter St., Suite 916, San Francisco, CA 94108, (415) 788-2227 or 323-1221.

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THE MIND AND THE MASTERS

A DOCTOR'S ASSESSMENT OF QIGONG

BY PHILIP S. LANSKY, M.D.

When I was a medical student in the early '80s, my standard curriculum was supplemented by training in clinical acupuncture, hypnosis, and independent research in the multidisciplinary field that was coming to be known as *psychoneuroimmunology*. Essentially, psychoneuroimmunology extends what has been learned from biofeedback and self-regulation—that the mind can influence heart rate, skin temperature, and brain waves—by asserting that the mind can also affect our immune system. Behavioral medicine, a related field, was emerging as a way to fight stress.

So, before I had even heard of qigong, I was already familiar with what was known in Western medicine about the ability of the mind to affect the body. A person under hypnotic suggestion, for instance, has been known to suffer a second-degree burn from a pencil eraser that he or she has been led to believe is a lighted cigarette. Through biofeedback, the temperature in one hand can be lowered more than ten degrees, while the temperature of the other hand stays constant. Blood pressure, an exceptionally labile entity, is subject to profound fluctuations during the course of a day as a person's mood and circumstances vary. Western physiologists have observed yogis who are able to slow their pulse rates and breathing to almost zero; in some experiments—well-documented in Western literature—yogis buried in airtight boxes for as many as seven days have survived in a self-induced trance. None of these phenomena is surprising to a Western physician with even a basic knowledge of modern psychosomatics.

To a large extent, qigong falls into the same category as other behavioral medicines. Many of these phenomena can be attributed to what Harvard professor Herbert Benson, M.D., popularized as the "relaxation response." But in qigong there is the added element of the body's energy being projected. When the "life force," *qi* (or *chi*), is so emitted, it has been reported to shrink tumors, shatter gall- or kidney stones, and facilitate the healing of wounds. When a qigong master projects his or her *qi* into key acupuncture points on a surgical patient, anesthetic effects comparable to those of acupuncture needling may be achieved.

Most physicians would interpret such phenomena as purely hypnotic. In other words, they would assert, no energy actually comes out of one person's body to heal the physical body of another; any healing effects are due, rather, to the power of belief and faith. The irony in this view is that Franz Anton Mesmer (1734-1815), the forefather of modern medical hypnosis, explained his observations not in

terms of belief but in terms of "animal magnetism." It is Mesmer's language, not the terminology of modern psychiatry, that comes closest to the Chinese view of *qi* as a vital energy circulating in the human body.

There is no event observed in medical qigong that could not be explained in purely hypnotic terms, including the shrinking of tumors—thanks to psychoneuroimmunology and the well-known imagery work with cancer patients pioneered by O. Carl Simonton, M.D., (*Getting Well Again*) and others. Nevertheless, if we consider only what is universally accepted in Western physiology, there are plenty of obvious sources of magnetic energy in the human body. For instance, we know that the flow of electrons generates a magnetic field. The flow of electrical impulses in the nerve trunks, then, can be seen as analogous to electricity flowing through a wire. This could cause the kind of electromagnetism found in an electromagnet formed by the flow of current through steel wires, and the same could be said of the flow of electrons generated by blood moving through the arteries. We can be pretty sure that magnetism is generated by our physiology—but beyond that, scientific explanations of qigong remain unsatisfactory.

In October 1988 I had the opportunity to attend the First International Conference for the Academic Exchange of Medical Qigong, in Beijing. Many scientific papers were presented on different types of qigong research. Much of it was clinical or anecdotal, and thus explainable with hypnosis arguments. Some of it, though, was not; it generated data that might require an expansion of scientific thinking. One such study involved placing rats into a tank of water with their rear legs bound, then removing them at the point of exhaustion. [By citing this experiment, we are not condoning what could be construed as laboratory cruelty.—The Editors.] One group of rats received an external qigong treatment from a qigong master upon being removed from the tank. The rats were then killed. Double-blind electron microscopic examination of the muscle fibers in the rats' legs demonstrated less muscle damage in the group that received the qigong than in the rats that did not receive the treatment.

Even if this putative projection of energy is unexplained by Western science, qigong remains at the very least an extraordinarily sophisticated system of self-regulation. Western physicians—and Western patients—should not overlook its potential.

Philip S. Lansky is a general practitioner based in Iowa City who specializes in classical homeopathy and Chinese medicine.